RURAL DISTRICT OF LUTTERWORTH

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.

together with the

ANNUAL REPORT

of the

CHIEF SANITARY INSPECTOR

H. G. McNaught, M.I.Mun.E., A.M.T.P.I., M.R.San.I.

for the

YEAR 1953

LUTTERWORTH RURAL DISTRICT COUNCIL

Public Health Committee 1953

Mr. L. G. W. Pickering (Chairman of the Committee).
Mr. C. F. Burton (Vice-Chairman).
Lt. Col. H. S. Barker.
Mr. G. Bassett.
Mr. E. Clements.
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Mr. C. L. Hill (Chairman of the Council).
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Mr. C. G. Tysoe.
Mr. W. P. Widdowson.
Mr. J. G. Williams.
Mr. J. L. Wright.

PUBLIC HEALTH DEPARTMENT

Officers and Staff

Medical Officer of Health:

D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.
(appointed 1st July, 1953)

H. Temple Phillips, M.D., M.R.C.S., L.R.C.P., D.P.H.
D.I.H., D.C.H. (resigned 23rd March, 1953)

Surveyor and Chief Sanitary Inspector:

H. G. McNaught, M.I.Mun.E., A.M.T.P.I., M.R.San.I.

Additional Sanitary Inspector:

D. L. Cunnick, A.R.San.I., M.S.I.A.

Clerk (Part-Time):

Mrs. M. B. Laughton.

To the Chairman and Members of Lutterworth Rural District Council.

Mr. Chairman, Lady and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the District for the year 1953, having taken up my duties as your Medical Officer of Health on 1st July of that year.

A brief review of the Vital Statistics shows no violent or startling fluctuations. The gradual increase in man's survival period resulting in an increasing aged population constitutes a problem of some magnitude both with regard to suitable housing and care. The responsibilities of the family as a unit towards its aged members was never of greater importance, and the Welfare and Social Services of the community or State as a whole should be regarded as an adjuvant rather than an alternative to individual responsibility.

The health services have made a substantial contribution towards the general improvement in health standards. It has, however, been authoritively stated that a time has been reached when the individual must play a greater part in the campaign for better health if the incidence of disease is to be still further diminished. It has been suggested that this would be achieved if more attention were paid to the simple rules of health relating to diet, excercise, relaxation and rest, food hygiene in the home, shop, and canteen, dental care and cleanliness generally.

A good and wholesome water supply is one of the prime necessities of life and it is pleasing to note that in recent years progress has been made towards providing more and more of the village communities with it. The same cannot be said of sewage disposal schemes although these should follow quickly on the provision of a water supply. The Ministry approval for the Claybrooke - Ullesthorpe sewage disposal scheme has now been granted - the first one since the end of the war. Certainly the money spent on the collection of night-soil and the emptying of cesspools could off-balance on loan charges quite extensive sewage disposal schemes. It is hoped that faster progress will be made in this direction and modern sewerage facilities will not remain a dream of the very distant future.

If the public require these essential facilities, and there is no reason why they should not enjoy the same amenities as the townsmen, or even those in a neighbouring rural district, they must be prepared to pay for them, and shirking the issue is not going to bring the cost down. Let us not adopt that old stick-in-the-mud attitude of what was good enough in years gone by should be good enough today, and rid more of the villages of their sewage contaminated ditches and streams.

In conclusion, I wish to express my deep appreciation of the help given me by Mr. H. G. McNaught, the Council's Surveyor and Chief Sanitary Inspector, and to thank the Chairman and Members of the Public Health Committee for their kind consideration during these early months of my office.

I am, Mr. Chairman, Lady and Gentlemen,

Yours obediently,

D. H. MCFARLAND,

Medical Officer of Health.

SECTION A

VITAL STATISTICS

BIRTHS

Live Births	Males	Females	Total
Legitimate	86	103	189
Illegitimate	6	3	9
Totals	92	106	198

BIRTH RATE

16.6 per 1,000 estimated population

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
12.4	13.8	14.6	12.7	12.7	14.9	15.0	14.9	14.9	14.1	16.4

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
19.3	21.1	17.9	20.0	21.6	20.5	17.9	17.9	17.0	16.2	16.6

The birth rate of 16.6 per 1,000 estimated population is a slight increase on last year and higher than that for England and Wales which was 15.5 per 1,000 population. The real explanation for this highish birth rate in the Rural District of Lutterworth does not readily come to mind, but let us hope that it indicates that at least the young married couples are pleased with life.

In the district 4.5% of live births were illegitimate.

DEATHS

	Males	Females	Total
Deaths from all causes	66	74	140

DEATH RATE

11.7 per 1,000 estimated population

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
12.4	14.1	10.9	13.9	13.7	14.1	11.6	12.7	12.5	13.0	10.8

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
14.2	11.7	11.0	12.4	10.0	11.5	11.8	11.0	11.1	13.8	11.7

The death rate shows a decrease on last year but over the last twenty years has varied little. It is a little higher than the rate of 11.4 per 1,000 population for England and Wales. This is probably due to the rural nature of the district with its attraction to the older age groups who wish to spend their ebbing years in peaceful, tranquil surroundings, away from the turmoil of modern life. Indeed, many of the villages in Lutterworth Rural District do provide such conditions.

The commonest causes of death were (see page 21) (1) heart diseases and diseases of the circulatory system, (2) vascular lesions of the nervous system, and (3) cancer, in that order. Categories (1) and (2) undoubtedly comprise most of those in the elderly age group who were at any rate nearing the eve of their long, and it is hoped, full lives and who died of what might be more commonly termed "wear and tear", for which in the human body there is, as yet, no system of replacement.

Included in category (1) is a cause of death which is worthy of a few comments - namely, "Coronary disease angina". It is this which is responsible for a good many deaths which occur during middle age. Physicians have always had the impression that this is associated with a particular mode of life. The work of Selye in the physiological field

has shown that lesions similar to this and other conditions can be produced in animals subjected to various forms of stress. There is little doubt that in the human field stresses and strains do affect the cardiovascular system when there is evidence of disease, but, in our present state of knowledge, it is unwise to assume that they will ultimately affect a normal system.

Since man began to roam the earth he has been subjected to stresses and strains, but, today, it is considered that we are subjected to mental and physical stress to a greater degree than ever before. Locke has been quoted as saying that "though the faculties of the mind are improved by exercise, yet they must not be put to a stress beyond their strength." This probably sums up the position and points out to us that all living organisms, young and old, have a threshold beyond which they can break down in response to stress. This applies more particularly to those whose existence depends on mental work as the manual worker can easily turn from toil to rest. What then is the best way to prevent stress?

Sir Heneage Ogilvie says "The best way to prevent stress is not to suffer it. The surest preventative to stress is leisure. Leisure is holiday time, a time that we can spend in any way we like, even in idleness, but the term usually implies a change to a more pleasing occupation, rather than absence of occupation." He likens the body and the brain to a motor car and states that if they are used within the limits of toleration, and then allowed to rest and repair themselves, they will last longer, work more economically, and do an infinitely more complex series of tasks than the most wonderful machine.

The attainment of a long life seems to depend on a proper balance between work and leisure - leisure not merely being important but essential, as it helps the overstressed mechanism of the mind to rehabilitate. And, of course, we are promised that in the hereafter, if we attain the ethereal heights, the common causes of stress are removed. Some of us may have to wait some considerable time!

"A poor life this if full of care,
We have no time to stand and stare."

Cancer as a cause of death is receiving a great deal of attention. It accounted for 10% of all deaths in the district.

Cancer Mortality Rate (all forms) taken in triennial periods

1925 - 1927	1.6	1940 - 1942	1.7
1928 - 1930	1.8	1943 - 1945	1.4
1931 - 1933	1.9	1946 - 1948	1.3
1934 - 1936	1.7	1949 - 1951	1.9
1937 - 1939	1.8	1952 - 1953	1.4

Although cancer tends to be on the increase in England and Wales, this does not seem to be the case in this district. This is not unusual as the district is a rural one and probably always did have a high percentage of elderly people. It is noteworthy though that there were no deaths from cancer of the lung or bronchus. The average age of males who died of cancer was 78 years and of females 68 years, so it could hardly be termed a condition of middle age.

The one and only satisfactory thing about cancer is that there is no scientific evidence that it is infectious. Those who have to live in the closest contact with the unfortunate victims of the disease need have no fear that they run any risk thereby.

There were two deaths attributable to pregnancy, childbirth, or abortion.

Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate	2	1	3
Illegitimate	-	-	-
Totals	2	1	3

Infant Mortality Rate

15.2 per 1,000 live births

1925-27	1928-30	1931-33	1934-36	1937-39	1940-42	1943-45	1946-48	1949-51	1952 53
60	62	54	40	47	49	32	29	29	23

The infant mortality rate for previous years is given in triennial periods because the numbers are so small that there is liable to be considerable fluctuations year by year. Consequently, a more reliable index is obtained by averaging the figures for a series of years.

Infant Deaths (under 4 weeks of age)

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Totals	1	1	2

Neonatal Death Rate

10.1 per 1,000 live births

Still Births

	Males	Females	Total
Legitimate	4	2	6
Illegitimate	-	-	-
Totals	4	2	6

Still Birth Rate

0.50 per 1,000 estimated population
29.4 per 1,000 (live and still) births

These three rates have been taken together as there is some connection between them.

Deaths under four weeks are usually associated with conditions which have their origin either before or during birth, whereas the older infant most commonly dies of conditions which relate to the environment, eg. nutrition, type of house they live in, hygienic feeding of the child, etc.

Still births and neonatal deaths are intimately connected, since it is often a matter of chance whether a child is stillborn or born alive only to succumb soon after birth.

Three infants died before reaching one year, and of these two died before four weeks. In fact, these two did not live twenty four hours, one dying of prematurity, and the other of white asphyxia. The other infant lived five months and died of broncho-pneumonia.

It is not possible to cite a specific cause of prematurity, but it is known that an adequate diet and careful and regular ante-natal supervision is of benefit so far as the incidence of prematurity is concerned. It is not inappropriate to mention at this stage that with our frequent grey skies and lack of sunshine expectant mothers and young children are apt to lack sufficient quantities of certain nutriments in their diet. To make up for this it has been governmental policy to make available, practically for the asking, orange juice, cod liver oil, and a vitamin preparation. Yet how many mothers avail themselves of these very essential requirements? It is not that they do not know of their importance, it is that they just cannot be bothered, yet we hear so much these days about the importance of educating the public in the rudiments of good health!

The infant mortality rate for the district was 15.2 per 1,000 live births, which is much lower than 26.8 per 1,000 live births for England and Wales.

GENERAL STATISTICS

Area of District	46,733 acres
Population (Estimated Mid-Year)	11,940
Number of Occupied Houses	3,934
Rateable Value (31st March 1954)	£54,512
Product of a Penny Rate	£212

Population

It has been shown that the number of births for the district during 1953 was 198 whilst the number of deaths was 140. Consequently, the births exceeded the deaths by 58. This has been the general trend since 1937.

Increase of Births over Deaths

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
0	-4	40	-12	-10	6	35	23	23	12	64

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
57	102	75	83	140	114	72	81	70	29	58

This shows that in the district there has been a natural increase of population every year since 1937. This does not take into consideration the inward migration due to the call of expanding industry.

The expectation of life has increased during the last half century due, amongst other factors, to the growth of scientific medical knowledge and also improvements in the social conditions under which the majority of people live. The public health authorities have without doubt played a noteworthy part in bringing this about. The expectation of life in Lutterworth Rural District (see table below) can be viewed with some little complacency and it is a contenting thought that life should still offer a few more years to most of us, although, when one looks around, the period is obviously variable!

Age Incidence of Death

	Under 4 weeks	4 weeks to 1 year	1-4 yrs.	5-14 yrs.	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-100	100 +	Totals
Males	1	1	-	1	1	2	1	4	4	16	27	8	-	-	66
Females	1	-	1	-	1	3	2	2	11	19	25	8	1	-	74
Totals	2	1	1	1	2	5	3	6	15	35	52	16	1	-	140
Percentage	1.4	0.7	0.7	0.7	1.4	3.6	2.1	4.3	10.7	25.0	37.1	11.4	0.7	-	

From this it will be seen that practically 50% of deaths occurred at over 75 years of age and 74% of deaths exceeded 65 years of age, or the pensionable age. In other words, approximately every other one of us, for better or for worse, should live longer than 75 years, and three out of every four of us should become eligible to pay a weekly visit to the Post Office with book in hand. Let us hope the contribution received will make the journey worth while, and be a reasonable reward for the amount already paid in over a number of years. In England and Wales it is reckoned that by 1980 the proportion of the population of pensionable age will have increased to over 20 per cent; in other words, one person in every five of the population will be eligible for a pension.

The average age at which the males died in Lutterworth Rural District was 70 years and females 70 years.

This ever increasing proportion of old people brings many problems in its train, and a most important one is the provision of suitable homes. This is, however, linked up with the need for hospital beds for people who, by reason of infirmity or chronic ill-health, cannot be suitably accommodated under existing conditions. It is felt though that the more these old people are suitably accommodated, the less will be the demand on such hospital or institutional beds. Any scheme that enables them to maintain contact with normal life, and particularly family life, deserves support and encouragement, and is certainly kinder and probably more economical than admission to a hospital or home.

Their housing requirements vary from that necessary for the "younger generation", as the most striking of all the changes which accompany old age is the readiness with which fatigue occurs. Elderly people are more susceptible to cold, they are liable to suffer more severely from accidents, and they are less able to negotiate the hazards of ill-designed houses, steep stairways, and streets. It often happens that a house which was ideally suited for the rearing of a large family, and has satisfied very well the needs of that family, is quite unsuited to the simpler requirements of the married couple during their declining years. It is felt that many old people occupy such houses when they would be much happier with their tasks lighter and more pleasant in smaller, better designed units. Also, when the younger folk get married, and, through circumstances, have to share the house with their parents, the married daughter is still looked on as a "young thing" not possessing a great deal of sense or responsibility. This leads to a strained relationship which is often carried on for many years. Each individual family unit requires its own home, and it seems to be the exception, rather than the rule, if two families can share the same house amenities in a pleasant and amicable manner to their mutual benefit.

There are many spaces in our villages which would be ideal for old persons' bungalows, which require to be central, accessible to shops, and not far removed from where they previously resided, for old people do not take too readily to new surroundings or a new society. Their interests in life have narrowed down considerably and most of them pursue the harmless pastime of following the affairs of the younger generation, and particularly watching children at play. It has been suggested that there is very much in common between old and young, except that so much is done to try and understand the young, while the old ought to have more sense!

"Oh, to have a little house:
To own the hearth and stool and all."

Loneliness presents a very real problem to the aged but much is being done through the various clubs and the kind heartedness of individuals to alleviate this. There are a few though, through their independence of mind and awkwardness of nature, who are left to live a secluded life and pine away their existence in a solitary confinement which certainly does not improve their outlook or temperament. They have always been of this disposition but there comes a time when friends are an invaluable asset, if not an essential requirement, and then they are not readily available and their help, when most needed, is not forthcoming.

Let us endeavour to pay more attention to the needs of the elderly, helping them to grow old gracefully by putting them into an environment where they may be thankful for the degree of activity of mind and body which remains, rather than have them complain of their numerous and increasing limitations. May the evening of their lives be as charming as an Indian summer. Browning's words of Rabbi Ben Eyra may be remembered:-

'Grow old along with me!
'The best is yet to be,
'The last of life, for which the first was made!

Housing

"When we were little childer we had a quare wee house,
Away up on the heather by the head o' Brabla' burn;
The hares we'd see them scootin', an' we'd hear the crowin' grouse,
An' when we'd all be in at night ye'd not get room to turn."

This, of course, is a poetic description of overcrowding in a funny little Irish house in a wild part of the country.

In most of our villages there is property which it is hoped will, in the near future, come up for consideration with regard to demolition. In this, let not our sentiment in any way affect our judgement. For example, the country cottage with its cascade of roses may be very attractive to look at from the outside, but a house is something to live in! Inside we are confronted with dark ill-ventilated bedrooms among the rafters, insecure, dark, creaky stairs, dismal living rooms with rough brick floors, which if washed will leave pools of water, small pokey kitchen with inadequate cupboard space, and a make-shift pantry under the stairs where in the warm weather the food goes mouldy and the milk sour.

A home should be considered in the light of the requirements of the family unit. As the housewife is the central figure in the house, and its most constant occupant, her needs obviously must come first. It is always a good principle of life to put oneself in the position of another before passing judgement, and then analyse our feelings. Our standard then should be, within reasonable limits, what we ourselves would like. Some of the property in the district presents nothing more than a dismal sordid spectacle to the housewife who wages a constant battle in an unfit house against wind, weather, and decaying structure which defies repair.

The average housewife has little enough leisure and every endeavour should be made to eliminate as far as possible tasks that involve unnecessary labour. With experience of school medical examinations, the great majority of mothers look after their children reasonably well and seem to do their best, but some of them are offered little incentive by living in dilapidated homes which offer dreary ill-designed work-shops for the mother, little privacy for any of the family, and no outlet for the children, except the street and irregular stoney yards. This is the standard that is set for them as children and which is likely to be retained. The parents are not able to economise by growing their own vegetables because a garden is not available, although not all of them might appreciate one. It may be that some do not make the best of the existing circumstances, but it is possible that it is the existing circumstances themselves that dishearten the housewife who eventually gives up the unequal struggle.

Let the demolition programme be tackled with vigour and determination, eventually providing for each family unit a house which will provide the necessities for each member of the household and which they will feel proud to possess.

There seems to be a tendency for the population to drift from the smaller centres of population towards the bigger ones. This is probably because of the better amenities that are available there. For example, the houses are more up to date, shopping is more varied, and transport is more convenient. But it is all so much more impersonal and to the detriment of village life, as well as leading to overcrowding of the junior and infant schools. It would probably help a lot if more attention was paid to the housing requirements of the smaller villages so that these smaller units may be kept intact, and at the same time allow the people to enjoy the amenities and comforts of life afforded to bigger units.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Domiciliary Nursing, Maternity and Child Welfare Services, Home Help, and Ambulance Service.

These services are controlled by the Leicestershire County Council and were referred to in the Annual Report of 1951. There has been no change in the system since then.

Laboratory Services

These are provided for this Council by the Public Health Laboratory, Groby Road, Leicester. A large number of investigations were carried out during the year and the fullest co-operation was received from Doctor Mair and his staff.

Chemical examination of water samples is undertaken by Mr. S. B. Bratley, F.C.S. of Oadby.

Health Education

We hear a great deal these days about the importance of teaching the simple principles of hygiene and preventive medicine and the symptoms pointing to the early recognition of disease. Health education has done much in the infant sphere, but in the school-child sphere there is much to be desired. This is that impressionable age where learning is the rule of the day and, consequently, health education would be best received with a possibility of it being put into practice then and in after life. But how could the simple, very necessary procedure of washing the hands before meals and after being to the toilet be put into practice when proper washing facilities with hot and cold water are available in only three out of a total of eighteen of our Infant and Junior Schools, and a number possess only one enamel bowl. In four of the schools water is fetched in a bucket although mains are available in the adjoining street.

Hot water is just as essential for the washing of hands as for the washing of the face, and how often would a child voluntarily wash its hands in cold water during our variable seasons? The importance of hand washing is seen when it is considered that the following diseases can be spread through neglect of it:- dysentery, food poisoning, typhoid and paratyphoid fever, summer diarrhoea of infants, poliomyelitis, infective hepatitis, thread worms, and infection due to a newly recognised group of viruses, the Coxsackie viruses. Surely we do not have to wait for an epidemic of one of the above conditions before the administering bodies become awake to the reality of the present position.

There seems little point in preaching health if there is no opportunity for those principles to be practised and insisted upon. If health talks were given, it would seem to the average child to be a most ludicrous position and not really meant to be taken seriously by the education authorities when the means of putting them into force are not supplied. Individual Council houses are supplied with hot water facilities and there is reason to believe that the majority of mothers insist on hand washing before meals and after the toilet, but their teaching is not supported, or encouraged, at school. It would seem that the very essential requirement of providing sufficient hand basins with attached hot and cold water is of little importance in school planning and will only come when times are more lucrative. In actual fact, it should be considered on a par with the provision of extra classrooms. The local authority insist on the provision of proper washing facilities in food shops, and there is just as great a danger of school children infecting others through lack of proper hand washing facilities in the schools.

In fourteen of the eighteen Junior and Infant Schools, there are bucket latrines, one has a W.C. but no flush, and three have complete W.C.s. During an inspection of the sanitary conditions it was found that these were in a pretty disgusting condition. Many of them had dirty seats with no lids, broken doors and defective woodwork around the buckets, furred, smelling urinals, and consequent on all this, many flies. In fact, it is felt that many of the children did not use the latrines except in dire necessity. The teachers themselves felt very strongly about the poor sanitary conditions in their schools, but after years of complaining were gradually being worn down by the everlasting arguments of impecuniosity and consequent placid inactivity. The matter was taken up with the County Council and on a recent visit to some of the schools, there was a marked improvement. But what an example to set young children?

SECTION C

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases notified during the year 1953.

	Number of Cases Notified at Ages - Years								Total Deaths
	At all Ages	Under 1	1-5	5-15	15-25	25-45	45-65	65 and upwards	
Scarlet Fever	3	-	1	2	-	-	-	-	-
Whooping Cough	29	-	17	12	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-
Measles	148	1	62	77	3	5	-	-	-
Pneumonia	18	-	-	2	-	6	4	6	3
Meningococcal Infection	1	-	-	1	-	-	-	-	-
Poliomyelitis	1	-	1	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	4	-	-	-	-	4	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-
Food Poisoning	1	-	-	1	-	-	-	-	-
Erysipelas	4	-	-	-	-	2	1	1	-
Pulmonary Tuberculosis	9	-	-	2	-	4	3	-	4
Other forms of Tuberculosis	3	-	1	1	-	-	1	-	3

Infectious Diseases (other than Tuberculosis)
Average per Year in Triennial Periods

	1925 -27	'28 -30	'31- 33	'34 -36	'37 -39	'40 -42	'43 -45	'46 -48	'49 -51	1952	1953
Smallpox	-	5	1	-	-	-	-	-	-	-	-
Scarlet Fever	6	41	20	32	9	10	11	9	5	1	3
Whooping Cough	-	-	-	-	-	3	13	8	22	13	29
Diphtheria	6	9	2	5	2	8	0.3	-	-	-	-
Measles	-	-	-	-	-	3	38	65	115	10	148
Pneumonia	14	13	15	7	13	3	9	9	4	14	18
Meningococcal Infection	-	-	-	-	-	1	-	-	-	-	1
Poliomyelitis	1	0.7	0.7	0.7	0.3	0	-	0.7	1	-	1
Dysentery	-	-	-	-	-	-	-	-	-	1	-
Ophthalmia Neonatorum	1	0.3	1	1	1	-	-	-	-	-	-
Puerperal Pyrexia	0.7	0.7	1	0.7	3	-	1	0.3	0.3	-	4
Enteric Fever	0.3	2	-	0.3	-	0.3	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	1
Erysipelas	2	2	1	2	3	0.3	0.7	0.7	0.3	2	4

General Comment

"The control of infectious disease marks the greatest human success yet achieved in the control of our environment to our own benefit."

(Sir Macfarlane Burnet)

The total incidence of notifiable infectious diseases in 1953 is higher than recorded in the previous year. Measles are responsible for the bulk of the cases. The typical regular appearance of measles every second year again made itself manifest. Roughly seven out of every nine cases of notifiable infectious disease during the year occured in children under the age of fifteen years. The commonest notifiable disease in adults was pneumonia.

Owing to the rapid advances in modern therapy, coupled with the fact that in the cases of some infectious diseases, eg. Scarlet Fever, there has been a gradual decrease in the virulence of the infecting organism, deaths from infectious disease are fortunately less common. The highest total of deaths was due to pneumonia, and, in the majority of cases, this was a terminal infection in an aged person.

Looking at childhood infections as a whole, measles, mumps, chicken pox, and german measles seem to be very old established and stable diseases which are not likely to change much in character either for better or worse. There is little to suggest either that much would be gained by trying to prevent them, or that any effective and practicable method of preventing them is likely to be developed.

As it is only by comparison with the past that we appreciate our good fortune or the benefits of living in the present, a table showing the incidence of certain infectious diseases since 1925 has been included. From this the complete absence of smallpox and diphtheria will be appreciated. It might also be pointed out that the odd case of poliomyelitis has occurred over a number of years without any appreciable extension.

Measles

This disease, probably due to an infection by an ultra microscopic virus, tends to occur in epidemic form in a rhythmic biennial cycle. The bulk of cases occur in the under ten years age group and the mortality rate is highest in the under one year age group, although there were no deaths directly attributable to measles during the year. It spreads with great rapidity through a susceptible community and may be very severe in adults. It is readily communicated by direct contact with a case and can also be transmitted through the air for a considerable distance. The individual is infectious before symptoms become apparent so when isolation is instituted, it is usually too late. Consequently, a case will have exposed most of his contacts to infection before the diagnosis has been made. Every person is susceptible and sooner or later the majority will have the disease. Quarantine of susceptible contacts is of some value, and it remains customary to exclude a school child suffering from the disease for two weeks, and child contacts in the family who have not previously had the disease for a similar period. There is no reason why the susceptible contacts should not be allowed to continue at school for the first week, and excluded during the second week, but this does not seem to be practised.

The great danger of this infection is the tendency to develop complications, eg. pneumonia, otitis media (chronic ear infections) and chronic eye infections, but the advent of modern drugs has reduced their incidence and severity. The development of gamma globulin has provided a prophylactic capable of preventing the disease, or of limiting its severity, but its use in this country is limited to specific cases, eg. debilitated child or young infant where infection may jeopardize its life.

Whooping Cough

Whooping cough is an acute infection of the respiratory tract. It begins as an ordinary cough, which in a typical case, becomes increasingly severe and after the second week is attended by paroxysms, or bouts of coughing which end in a characteristic whoop as the breath is drawn in.

Vomiting may follow a spasm. Many cases fail to whoop and others show only a very mild cough. Consequently, any child who shows an increasingly severe cough, and in whom the cough is worse at night, or a child who shows coughing spells followed by vomiting, merits isolation precautions even though the characteristic "whoop" has not yet developed. The patient is most infectious during the period before the paroxysms of coughing commence, and the infection is serious in infants and small children. There is no evidence of a baby having any resistance at birth as in certain other diseases. Like measles the disease encourages secondary infections, eg. broncho-pneumonia, and its disabling complications constitute the main danger. The recent large scale experiments to determine a vaccine of adequate potency have resulted in a much more reliable vaccine being available. Immunisation, however, if it is to play any part in the reduction of mortality, must be given in the first few months of infant life. It is customary to exclude the patient from school for one month following the onset of the whoop or cough, and susceptible family contacts from school for twenty one days following the onset of the disease in the last case in the home. In view of the difficulty in diagnosis in the milder forms of the disease, the control of the disease in an open community by quarantine methods is, however, open to doubt, and universal prophylactic immunisation offers the only reasonable method of limiting the spread. The total number of cases recorded during the year was 29 and there were no deaths.

Scarlet Fever

Scarlet fever, or scarlatina, is closely related to the group of diseases including septic sore throat, erysipelas, and puerperal sepsis. All are caused by the same group or family of organisms but different strains or members. One American classification for this group of diseases is called "Streptococococcicosis". Some strains produce what is called a toxin and this produces the characteristic rash of scarlet fever, while others produce a tonsillitis. One is notifiable and the other not, although tonsillitis may be a common chain in the spread of infection. Scarlet fever today is relatively mild due to a decline in the virulence of the organism, and it is hoped that it will remain like this. Consequently, complications constitute less danger than previously and treatment in the home is advisable in practically all instances. Also, if the patient is nursed at home, there is less likelihood of cross infection by another strain, which it is now known can lead to complications. The mode of transmission is usually by direct association with a case, although milk serves at times as an important vehicle. In such instances the udder of the cow is usually infected, but milk, and other foods, can be contaminated directly by an infected handler. As the organisms can multiply in both milk and food, the doses so transmitted may be quite large. Contacts are excluded from school for seven days following isolation of the case and action is taken with regard to specialcases, eg. food handlers. During the year there were three cases with no deaths. It will be seen that the incidence of the disease has fallen appreciably over the last twenty five years.

Diphtheria

The remarkable reduction in the total number of notified cases of diphtheria in the country during recent years is positive proof of the value of immunisation. For the past ten years, no case of diphtheria has been reported in the district, but this should not, under any circumstances, be regarded as a complete defeat of this disease in the community. Its prevalence is dependent solely on the susceptibility of the community, and a decline in the proportion of immune persons might well result in its return in epidemic form. Immunity to this disease may be acquired artifically following immunisation, which after years of practice has proved itself a safe and satisfactory procedure. It should be emphasized that a high rate of immunisation must be maintained if this satisfactory state of affairs is to continue. The value of immunisation and the importance of maintaining an adequate level of immunisation can be seen from the table giving the number of cases per year since 1925. This is further stressed when it is realised that in 1940, the year before immunisation became a national effort, there were 17 cases with 4 deaths.

Arrangements for immunisation are in the hands of the Leicestershire County Council. The following table shows the number of children immunised in this district during the past seven years.

Year	Under 5	5 - 14	Total	Re-immunised	Number of babies born during preceding year minus deaths under 1 year
1947	196	26	222	189	213
1948	186	45	231	415	240
1949	191	7	198	58	239
1950	143	12	155	60	206
1951	137	12	149	90	202
1952	144	5	149	66	195
1953	139	4	143	126	186

To obtain some idea of the proportion of children immunised, a rough and ready way is to compare the number of primary immunisations under 5 years of age, as the majority are done around 1 year old, with the number of births during the preceding year who survived that year. This has been done in the table above and gives a percentage of 74 immunised.

The immunisation procedure adopted by the County Council is that when a child attains the age of eight months, a letter is sent to the parents regarding immunisation against diphtheria. The parents are asked to make the necessary arrangements with their own family doctor for the treatment - a combined "request and consent" card being supplied for this purpose. Attached also is a pre-paid card notifying the intentions of the parents to the County Health Department.

If no consent is received from the parents or no completed certificate is received from a general practitioner, a health visitor investigates the case and endeavours to persuade the parents to allow the child to receive the appropriate treatment. The general practitioners, who receive supplies of material free of charge, have co-operated well, some of them holding special sessions at their surgeries, particulars of which are known to the health visitors, so that children can be dealt with without delay. No immunisation is undertaken by the Council's medical staff, except for a few cases where for some reason or other the services of a general practitioner are not readily available.

A further letter urging a booster dose of diphtheria prophylactic is sent to the parents some little time before the child is due to enter school.

Acute Anterior Poliomyelitis

One case of poliomyelitis was recorded during the year and there were no deaths. This was a mild one in a young girl of pre-school age. A full investigation did not reveal anything of note and this appears to have been a single isolated case as there were no further ones.

Sporadic and isolated cases are not uncommon in the winter period and the period of peak incidence is usually in the late summer and autumn. When such an outbreak does occur, it is often accommpanied by general panic quite out of proportion to the degree of risk involved, eg. it has been estimated that two out of every three cases notified recover without any permanent disability. Again it has been suggested that it is not as dangerous as other risks we run every day. For instance, road accidents killed six times as many people as poliomyelitis did in the big epidemic in 1947, and maimed thirty five times as many. Also it

is quoted that in America no outbreak affected more than a very small percentage (1 to 2 per cent) of the total population in any area.

Transmission of the disease appears to occur through close association with an infected person spread by the pharyngeal and intestinal excretions. The relative importance of these two modes of spread has not, as yet, been decided. The virus is most readily found in the pharynx for three to five days before and three to seven days after the onset of illness, while in the majority of cases, the motions are free by the fifth to sixth week. Laboratory studies also indicate that for every person with symptoms, there may be ten to one hundred infected individuals with no obvious illness. Investigations indicate that the infection does tend to run in well-defined streams of intimate contact either in the family or at school, and not distributed indiscriminately through the population.

These facts make control difficult, but there are certain definite measures which can be applied which may be of value. The first is the immediate putting to bed of any child suffering from any pyrexial illness when poliomyelitis is prevalent. Research has shown that undue fatigue, or excessive physical exercise during the early pyrexial phase of the infection may accentuate the degree of paralysis, so that by placing a child at rest during this phase, the severity and extent of the paralysis may be reduced. Similarly, all operations of the nose and throat should be postponed until the outbreak has subsided, as it has been shown that a case incubating the disease and submitting to such operations more readily develops the more severe form of the disease. In the same way, it is suggested that inoculations should be postponed during any epidemic period, but it is imperative that common sense should prevail so far as this measure is concerned. Finally, as the virus can be shown to be present in the nose, throat, and excretion of both contacts and cases, it is advisable to exclude all food handlers from their occupation for twenty one days, the same procedure being operative as far as school children are concerned and those whose occupation brings them into contact with children. Vaccination procedures against poliomyelitis are still in the experimental stage and are not yet available for general use.

Dysentery - Sonne

Dysentery is an acute infection of the large intestine resulting in diarrhoea, which if sufficiently severe, may be accommpanied by bleeding. The vast majority of cases today are very mild, presenting little more than a transient diarrhoea without any blood, especially if the victim is a previously healthy adult or adolescent. Yet the same infection of a small child or debilitated adult can be serious, if not fatal. The infection is probably far more widespread than is commonly recognised and most infections are caused by the mild unrecognised case who considers that he has nothing more than a transient diarrhoea due to "something he ate". Sometimes it is hard to convince people that the mild diarrhoea affecting them for one or two days duration is in any way related to the severe, and sometimes fatal, cases among young children or debilitated adults.

There were no recorded cases in the district during the year.

Food Poisoning

During the year there was one case of food poisoning. This occurred in a boy of eight. No organisms were isolated from the faecal samples.

Food poisoning is a general term used very loosely to refer to the ill effects caused by the eating of foods that have been contaminated by certain bacteria or other toxins. Food is the medium by which the infection is conveyed to man. The outbreaks usually occur sharply and involve a group of people large or small who have one thing in common - they have eaten the same food at about the same time. The symptoms are nausea, abdominal pains, vomiting, and diarrhoea. In most instances the source may be traced to a single meal, and possibly a single article of food. The commonest bacteriological agent responsible for food poisoning is the Salmonella group of bacteria.

The mode of infection can be human beings suffering with, or recovering from, the infection, rats and mice through their droppings, cattle and swine either through their motions or meat, ducks through their eggs, and sometimes domestic pets (dogs, cats, and pigeons). This is the source of the infection. Now how is the infection conveyed from this source to food and thence to man?

In the majority of cases infection is derived from the excretia of either cases, or what we call symptomless carriers. The germs are carried to food by the hands of those preparing it. If a kitchen worker is infected, he may easily and unknowingly carry a few germs on his hands after using the sanitary convenience. He may have recently suffered from diarrhoeal disorder, or may be a carrier, ie. a healthy person who carries the germs in his intestines without himself suffering any ill effect. If the germs he carries are passed on to others, they may cause serious illness, and every kitchen worker affected with diarrhoea, however mild, should therefore report such illness to his doctor and employer. The most important rule of personal hygiene for kitchen staff is to wash the hands thoroughly with soap and water after using the toilet.

Rats and mice sometimes suffer from an infection which is capable of causing food poisoning in humans if their droppings or urine contaminate food. Hence, adequate food storage facilities are necessary, and the importance of the unenviable work of our Rodent Operator. Flies, of course, are well known conveyers of this group of diseases as well as being suspect of carrying others such as dysentery, poliomyelitis, and infantile diarrhoea. This is not surprising when one considers their habits, which to say the least, are not very savoury. They have been described as follows. "Now flies are not fussy - they will eat anything. Filth or food, it does not matter to them. But when they move from filth to our food they carry germs and infect everything they settle on. It happens like this. They cannot eat solid food, so to make the food liquid, they vomit on it, then stamp around on it until it dissolves. They then suck it all back again. Being greedy little brutes, they usually pass a motion while they are feeding, and their feet are also foul if they have just come from a manure heap." Is it any wonder that they spread disease! Hence the great importance of dustbins with lids that fit well and are fitted at all times, and tipping that is really controlled.

Duck eggs have also been mentioned. Over the years 1950 - 1952, 13,562 duck eggs were examined in different parts of England and it was found that approximately 0.2% were infected with a germ that can cause food poisoning. In some cases, the infected instance was as high as 0.5%. This may not appear very much, but when one considers that in 1950 something like one hundred and twenty six million duck eggs were sold, that would mean that some one hundred and eighty seven thousand were infected. It is recommended that no duck egg should be used except for the preparation of foods requiring a long period of cooking at a high temperature.

Food may also be contaminated by germs from the skin, nose, and throat. Septic spots and boils on the hands and arms contain germs capable of causing food poisoning. Staff suffering from such skin ailments must not therefore handle food until the condition has cleared up. Ordinary cuts should be well covered with plaster and if they turn septic then they are a source of danger. Germs capable of causing illness are also present in some peoples' noses and throats and these are expelled some little distance when coughing or sneezing. It is therefore important that raw food like meat pastes, etc., which are eaten without being heated, are at all times in shops kept covered. Also, covering the mouth when coughing or sneezing was not just a war-time precaution, even though it was most strongly advocated then!

Infective Hepatitis

This is an infectious disease, though not notifiable, probably caused by an ultramicroscopic virus and characterized in the established case by jaundice. Before the jaundice appears, and it may be fleeting or absent in a proportion of the cases, there is fever, tiredness, peevishness, nausea, upper abdominal discomfort and sometimes pain, distaste for food, headache (particularly behind the eyes), pale motions, and dark urine.

On the nineteenth of November it was reported by a general practitioner that there were cases of infective hepatitis in the village of Swinford.

Swinford is a country village with a population of 368 people. It is three miles from Lutterworth, three miles from South Kilworth, one and a half miles from Catthorpeand is on the intersection of a main and second class road. Most of the houses are on the main road. The adults work either on the neighbouring farms or travel to the neighbouring town of Lutterworth, some going to Rugby. Buses run to Lutterworth and Rugby. Water is obtained from a mains supply although the village school still maintains its pump. The sanitation consits mainly of pail closets, but some houses have water closets, which seem to drain eventually into the canal.

The course of the epidemic is outlined in the following table.

Epidemic at Swinford in 1953

Case No.	Date of Onset	Age and Sex Male	Female	Household	School Class
1	June 4	7		A	1
	July				
2	August 4	16		B	-
3	9		13	C	-
4	11		10	C	1
5	Sept- 11	8		C	1
6	ember 11		16	D	-
7	11	13		D	-
8	Oct- 5	7		E	1
9	ober 8	7		F	1
10	Nov- 4	9		G	1
11	ember 5	9		H	1
12	6	9		I	1
13	7	33		J	-
14	9	7		K	1
15	9	10		E	1
16	11	5		D	-
17	11		3	D	-
18	Dec- 9 ember	6		G	2

The first case in the village occurred on June 4th. There were no cases during July, and in August there were three. Cases 2 and 3 travel daily on a bus to Lutterworth where it is known there have been odd cases. Cases 2, 3 and 4 live in the same row of houses. A connection between case 1 and cases 2, 3 and 4 could not be definitely established. Case 4 attends the local school but contracted the illness during the school holidays which were from 24th July to 8th September. Case 6 and 7 live in the adjoining house to cases 3, 4 and 5. It is significant here that case 5 returned to school for three days before taking ill. This seems to have been the introduction of the infection into Class 1 of the school. In that class there were two cases in October and five cases in November. Also during November there were two non-school cases in a family where there had been two cases in September. During December there was one case in a family where there had been a case the previous month.

Eleven households were affected: seven had one case, two (E and G) had 2 cases, one (C)had three cases, and another (D) had four cases. It is significant that all the cases occurred between the fourth and the eleventh of each month suggesting an incubation period of 30 to 37 days. In household C, where there were two cases in August and one in September, the incubation period seems to have been between 31 and 33 days. Also, case 5 by returning to school for three days probably infected cases 8 and 9 giving an incubation period of at least 24 to 27 days. From the other cases in school, again the incubation period is suggestive of 30 - 35 days.

Attack Rates

In those exposed to a case in the family

Age	Number	Cases	Attack Rate (per cent)
0-4	7	2	-
5-10	7	3	-
11-14	7	0	-
15 +	31	0	-
All ages.	52	5	9.6

In Schoolchildren

Age	Number	Cases	Attack Rate (per cent)
5-7	17	1	-
7-10	22	10	45.5
All ages	39	11	28.2

In considering the attack rate in the family there were no cases over eleven years of age. It must be remembered that the initial cases in two families (C and D) were two groups of two cases each, whose ages were 10, 13, 13 and 16. After these initial cases there were no further cases in that age group.

In school children it will be seen that there was one case in the 5-7 age group, or occurring in the infant class room. This case was in December and was a brother of a case in November. There were ten cases in the junior age group at school giving an attack rate of 45.5%. Generally speaking only three out of the eighteen cases occurred in persons aged 15 years or more. In other words 83% of cases occurred in school children, and of these 66% occurred between the ages of 7 and 10.

The school at Swinford has two class rooms, one infant with 17 children, and the other junior with 22 children. In the junior class there are 17 boys and 5 girls, and in the infant class room 10 boys and 7 girls. There is a fairly large, common play-ground where there is a climbing net, which on observation and on statements by the teachers is used exclusively by the junior boys.

The sanitary accommodation consists of four closets with Elsan buckets, two boys and two girls, which are emptied weekly by the local authority. They were, to say the least of it, in a pretty disgusting condition and consequently were little used particularly by the boys. Since then they are much improved.

The hand washing facilities amount to one hand basin with cold water provided in a bucket, although mains water is available in the adjoining street. There is a pump at the front of the school, but the head teacher has forbidden the children to drink that water as he considers it to be liable to surface contamination. Four samples have shown it to be bacteriologically clear, but after heavy rain, there was slight discolouration.

In considering the method of spread of the infection, after the infection was introduced into the school following the holiday, two outstanding features are -

1) Although there were four girls in the junior class room who had not had the infection none of them contracted it, and

2) Although there was free intermixing of all pupils, junior and infant, in the play-ground, none of the infants contracted the infection.

Case 18 might have become infected at school, but it is more probable that this happened at home where there was a case in November. This is rather suggestive of a common contact between the boys in the junior class as the means of spread of the infection. Here, either the primitive lavatory accommodation with lack of proper washing facilities, or the climbing net in the play-ground, or a combination of both, could have been responsible. It is probable that in this outbreak faecal spread played a greater part than pharyngeal spread, otherwise cases would have been more general in the school. Also, none of the cases gave a history suggestive of respiratory symptoms.

Some things are difficult to explain. For example, case 5 sat at the same desk as case 12, who contracted the infection two months afterwards, while case 8 sitting at the adjoining desk contracted it one month afterwards. Spread by milk was improbable as there were two independent milk retailers, while water was from either the mains or wells. Food was purchased from different sources, and no meals are served at school.

In considering control measures, it must be emphasized to the public that "jaundice" can be an infectious disease. Every patient with infective hepatitis should be isolated at the outset and for a reasonable period afterwards. It is suggested that this reasonable period is a fortnight. The recognition of the early symptoms before the jaundice appears is important as suspects should be treated as cases until the diagnosis is clear. During an epidemic at a school it is wise to exclude for a week all children showing suspicious symptoms.

Owing to the long incubation period of approximately a month it is impracticable, as well as being unnecessary, to exclude contacts from school, but a sharp look-out should be kept for early symptoms at the end of the month and immediate exclusion with house and garden isolation. As the infection can be spread by faecal contamination and due to the possible existence of human carriers of the infection, the great importance of hand washing, particularly after the toilet and before meals, is again stressed.

Tuberculosis

Fourteen cases of tuberculosis were added to the register during 1953, of which two were cases who came to live in this area. There were four deaths.

The following table shows the total number of cases of pulmonary and non-pulmonary tuberculosis remaining on the register at the end of the year compared with the total for 1952.

Total cases of Tuberculosis remaining on Register

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
1. Total on Register at 31st December 1952	19	12	14	9
2. New Cases	7	2	2	1
3. Inward Transfers	1	1	-	-
4. Removals	2	1	3	1
5. Total on Register at 31st December 1953	25	14	13	9
TOTAL	39		22	

From this it will be appreciated that the total number of cases on the Register is slightly greater at the end of the year than at the beginning. This is undoubtedly due to better means of diagnosis, more complete notification, and more accurate certfication of the cause of death. All told though there is little doubt that tuberculosis has diminished greatly over the last half century or more and this brings us to the most interesting question of "Why?"

The fall has been most noticeable in temperate climates. Some of the reduction may have been the result of more efficient and successful treatment of sufferers. Sir Macfarlane Burnet comes to this conclusion. "In all probability the diminution has resulted mainly from the steady advance in the standard of living over the period. On the whole, the average person in a civilized community now eats more and better food, is housed in greater comfort, has more opportunity for fresh air and sunlight, and is more cleanly in his habits than was the case ninety years ago. A higher proportion of people with active tuberculosis are being cared for in sanatoria, and those who are not have usually been given training in hygiene that diminishes the likelihood of infecting others." This suggests that local authorities have made an appreciable contribution towards the decrease in the incidence of this disease, but there are still too many cases in our district, and still too many people who are not "housed in greater comfort".

DEATH FROM ALL CAUSES

	1953		
	Males	Females	Total
1. Tuberculosis, respiratory	2	2	4
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective & parasitic diseases	-	1	1
10. Malignant neoplasm, stomach	1	2	3
11. " " lung, bronchus	-	-	-
12. " " breast	-	2	2
13. " " uterus	-	2	2
14. Other malignant & lymphatic neoplasms	4	4	8
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	9	13	22
18. Coronary disease, angina	11	4	15
19. Hypertension with heart disease	1	2	3
20. Other heart disease	15	24	39
21. Other circulatory disease	1	2	3
22. Influenza	-	2	2
23. Pneumonia	2	1	3
24. Bronchitis	8	1	9
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	1	1	2
27. Gastritis, enteritis, & diarrhoea	-	1	1
28. Nephritis and nephrosis	3	1	4
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	2	2
31. Congenital malformations	-	-	-
32. Other defined & ill-defined diseases	3	6	9
33. Motor Vehicle Accidents	3	-	3
34. All other accidents	1	-	1
35. Suicide	-	-	-
36. Homicide & operations of war	-	-	-
ALL CAUSES	66	74	140

Annual Report of the Senior Sanitary Inspector for the year ended 31st. December 1953.

Mr. Chairman, Lady & Gentlemen,

I beg to submit a brief report on the work of the Health Department during the year 1953.

HOUSING.

New Dwellings. During the year 64 permanent houses were completed by the Council and during the same period 14 houses were built by private enterprise. At the 31st. December there were 36 houses in course of erection and arrangements were being completed for the provision of a further 70 houses in Lutterworth.

Converted Army Camps. During the year ten Nissen Huts, situated in Lutterworth, were vacated and the tenants re-housed by the Council, and the huts, with the approval of the Ministry of Housing and Local Government, were sold by auction and removed from the site.

HOUSING ACT, 1949 & 1952.

Improvement Grants. Several applications were received from owners for Improvement Grants under the above Act, and during the year five schemes were approved and grants made available.

DILAPIDATED PROPERTIES.

Only limited action was possible under the Housing Act 1936, and during the year one house was demolished and 16 houses were closed. As a result of informal action 48 houses were rendered fit for human habitation.

WATER SUPPLY.

Northern & Eastern Water Supply Scheme. Work on this section of the area water scheme continued during the year and the length of main laid amounted to 7650 lin.yds. making a total for this scheme of 18,500 lin. yds. The villages supplied with water as a result of this work were Peatling Magna, Peatling Parva, and Bruntingthorpe, in addition to those already supplied on this section, i.e. Arnesby, Shearsby, Kimcote and Walton.

Watermain Extensions. During the year a watermain extension of 150 yds. was carried out on the Watling Street, Lutterworth, for farm supplies.

Water Samples. 50 water samples were taken, 46 of which were submitted for bacteriological examination and four for chemical analysis. Of the 24 taken from the Council's mains for bacteriological purposes, all proved to be satisfactory but only four of the 22 taken from other sources were satisfactory. Four samples of water taken from the Council's mains and submitted for chemical analysis proved to be satisfactory.

MILK & DAIRIES REGULATIONS.

During the year 78 samples were taken for biological purposes and six of these proved unsatisfactory which necessitated the taking of 42 samples from individual cows. Where necessary, Stoppage Notices were served and in the meantime all milk was pasteurised.

SEWERAGE & SEWAGE DISPOSAL.

The proposed Sewage Disposal Scheme for the villages of Claybrooke Magna, Claybrooke Parva and Ullesthorpe was approved by the Ministry of Housing and Local Government, and a commencement on this work is anticipated early in 1954.

SEWERAGE & SEWAGE DISPOSAL. (Cont'd).

No further progress has been made with the proposed Sewage Purification Works for Broughton Astley.

Only one short sewer extension was carried out during the year, this being in Ashby Lane in the village of Bitteswell.

During the year an additional cesspool emptier, with pan closet attachment, was purchased, with the result that a regular weekly collection can now be given.

Conversions. I am pleased to be able to report that the last two remaining pail closets in Lutterworth have now been converted to the water carriage system.

SCAVENGING.

The Council continue to give a regular weekly collection of house refuse throughout the district and during the year considerable attention has been given to the two refuse tips now in use.

GENERAL.

In addition to these works, regular inspections have been carried out as shown in the table below.

	No. of Inspections.
Animal Keeping.	5
Bakehouses.	6
Dairies.	56
Drainage Works.	212
Dwelling Houses (all purposes).	261
Food Premises.	27
Offensive Trades.	2
Refuse Collection and Disposal.	131
Rodent Control.	44
Schools.	3
Shops.	27
Slaughterhouses & Meat Inspection.	14
Smoke Observations.	NIL
Tents, Vans, sheds etc.	4
Verminous and Dirty Premises.	1
Water Supplies.	71
Workshops, Outworkers etc.	32
Other Inspections.	99
TOTAL	995

I am,
Yours obediently,

H.G. McNAUGHT.

Engineer, Surveyor & Sanitary Inspector.